

Dr. Klingner

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015631

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 29 1963

VS.300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSP.		d. STREET ADDRESS (If outside, give location) 809 E. WALNUT Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print): First FRANK Middle A. Last DILLARD		4. DATE OF DEATH Month APRIL Day 23 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/2/90
9. AGE (last birthday) 72		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY THOMPSON MOTOR CO. SPRINGFIELD, MO. U.S.A.	
11. BIRTHPLACE (City and state or country) SPRINGFIELD, MO. U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME GEORGE E. DILLARD		13b. MOTHER'S MAIDEN NAME SARAH MCGINTY	
14. NAME OF HUSBAND OR WIFE MRS. ORPHA DILLARD		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO	
16. INFORMANT MRS. ORPHA DILLARD, SPRINGFIELD, MO		17. ADDRESS SPRINGFIELD, MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio vascular renal disease DUE TO (b) Arteriosclerosis, generalized, severe DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 3-15-1960 to 4-23-1963 and last saw her/him alive on 4-23-63 Death occurred at 2 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) A. M. Klingner		22b. ADDRESS M.D. 1630 N. Jefferson, Spfg., Mo	
22c. DATE SIGNED 4-23-63		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 4/25/63		23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK	
23d. LOCATION (City, town, or county) SPRINGFIELD, MO.		23e. DATE RECD. BY LOCAL REG. 4-26-63	
23f. REGISTRAR'S SIGNATURE Effie G. Meaton		24. FUNERAL DIRECTOR H.H. LOHMEYER FUNERAL HOME	
24a. ADDRESS SPRINGFIELD, MO.		24b. DATE 4-26-63	

(Licensed Embalmer's Statement on Reverse Side)

C. M. Klingner
USE BLACK INK
OR
TYPEWRITER RIBBON

Panel 4-24-63

7780
7780

5

3-1

5-10749 J. A. H. M. R. - Synthetic materials

Student _____
Signature of Student Embalmer _____

Lucian T. Swadlow

4815

Springfield, Mo.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.